

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047851

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED DEC 30 1963

1. PLACE OF DEATH

a. COUNTY **Howell**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **Howell**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Willow Springs**

Length of stay in 1b
Lifetime

c. CITY
OR
TOWN **Willow Springs**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Home**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
201 Corn Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHN

RAY

FROMMEL

4. DATE
OF
DEATH

Month Day Year
Dec. 24, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/5/89

9. AGE (last birthday)

74

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

2 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10b. KIND OF BUSINESS OR INDUSTRY

Barber

11. BIRTHPLACE (City and state or country)

Willow Springs, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Phil Frommel

13b. MOTHER'S MAIDEN NAME

Anna

14. NAME OF HUSBAND OR WIFE

Beulah M. FROMMEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Beulah Frommel, Willow Springs, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple Myeloma

INTERVAL BETWEEN
ONSET AND DEATH
18 mos

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. Month, Day, Year
p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Dec. 1959** to **12/24/63** and last saw her him alive on **12/24/63**
Death occurred at **3:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Amos L. Coffee, M.D.

22b. ADDRESS

Willow Springs, Mo.

22c. DATE SIGNED

12-26-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12/27/63

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Willow Springs, Missouri

24. FUNERAL DIRECTOR
Burns Funeral Home

25. DATE RECD. BY LOCAL REG.

12/27/63

26. REGISTRAR'S SIGNATURE

Bayer

Willow Springs, Mo. 65587 (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

13460

20460

3

4 0

5 1

6

7 0

8 2

203X

10

11

12 90-0

13 3-0

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed T. R. Burns

T. R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

EMB 1314

Willow Springs
2/17/64